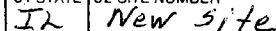




304015

OK'd
1-18-85

POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT				I. IDENTIFICATION 01 STATE IL 02 SITE NUMBER New Site	
II. SITE NAME AND LOCATION					
01 SITE NAME (Legal, common, or descriptive name of site) Armour Square			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 3309 South Shields		
03 CITY Chicago		04 STATE IL	05 ZIP CODE 60616	06 COUNTY Cook	07 COUNTY CODE 031
08 COORDINATES LATITUDE 41 50 00.0		LONGITUDE 087 32 45.0		09 CONG DIST 5	
10 DIRECTIONS TO SITE (Starting from nearest public road) See Attached Map					
III. RESPONSIBLE PARTIES					
01 OWNER (If known) Chicago Park District			02 STREET (Business, mailing, residential) 425 East McFetridge Drive		
03 CITY Chicago		04 STATE IL	05 ZIP CODE 60605	06 TELEPHONE NUMBER (312) 294-2220	
07 OPERATOR (If known and different from owner) Same			08 STREET (Business, mailing, residential)		
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER	
13 TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input checked="" type="checkbox"/> F. OTHER: Park District (Specify) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DATE _____ MONTH DAY YEAR		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR _____ <input checked="" type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Heavy Metals (Toxic, Persistent, Soluble)					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION Direct Contact (Population)					
V. PRIORITY ASSESSMENT					
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input checked="" type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT Marilyn Katz		02 OF (Agency/Organization) Health & Medicine Research		03 TELEPHONE NUMBER (312) 372-6475	
04 PERSON RESPONSIBLE FOR ASSESSMENT Richard Lange		05 AGENCY IEPA	06 ORGANIZATION DLPC	07 TELEPHONE NUMBER (217) 782-9851	08 DATE 12 26 84 MONTH DAY YEAR



I HIGHLY VOLATILE
J EXPLOSIVE
K REACTIVE
L INCOMPATIBLE
M NOT APPLICABLE

EPA FORM 2070-12 (7-81)



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IL New Site

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: NA

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

Lead contamination of surface soil, probable percolation to ground water, no known use of ground water for human consumption

01 ☐ 3. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

POTENTIAL

☐ ALLEGED

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☒ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: ND

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

> 14 Schools within 2 mile of Park, user population of park could not be determined

01 ☒ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: 10 Acres
(Acres)

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

POTENTIAL

☒ ALLEGED

Soil sample taken by citizens group indicates lead contaminate level at 1400ppm

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☒ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: ND

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

Maintenance staff exposed to dust from lead contaminated soil

01 ☒ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

See E & H Above



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IL New Site

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills runoff standing liquids leaking drums)
03 POPULATION POTENTIALLY AFFECTED _____

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☒ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

Run off of surface water carrying lead contaminated soil

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: ND

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

USEPA & Chicago Park Dist., Health & Medicine Research

EXECUTIVE SUMMARY

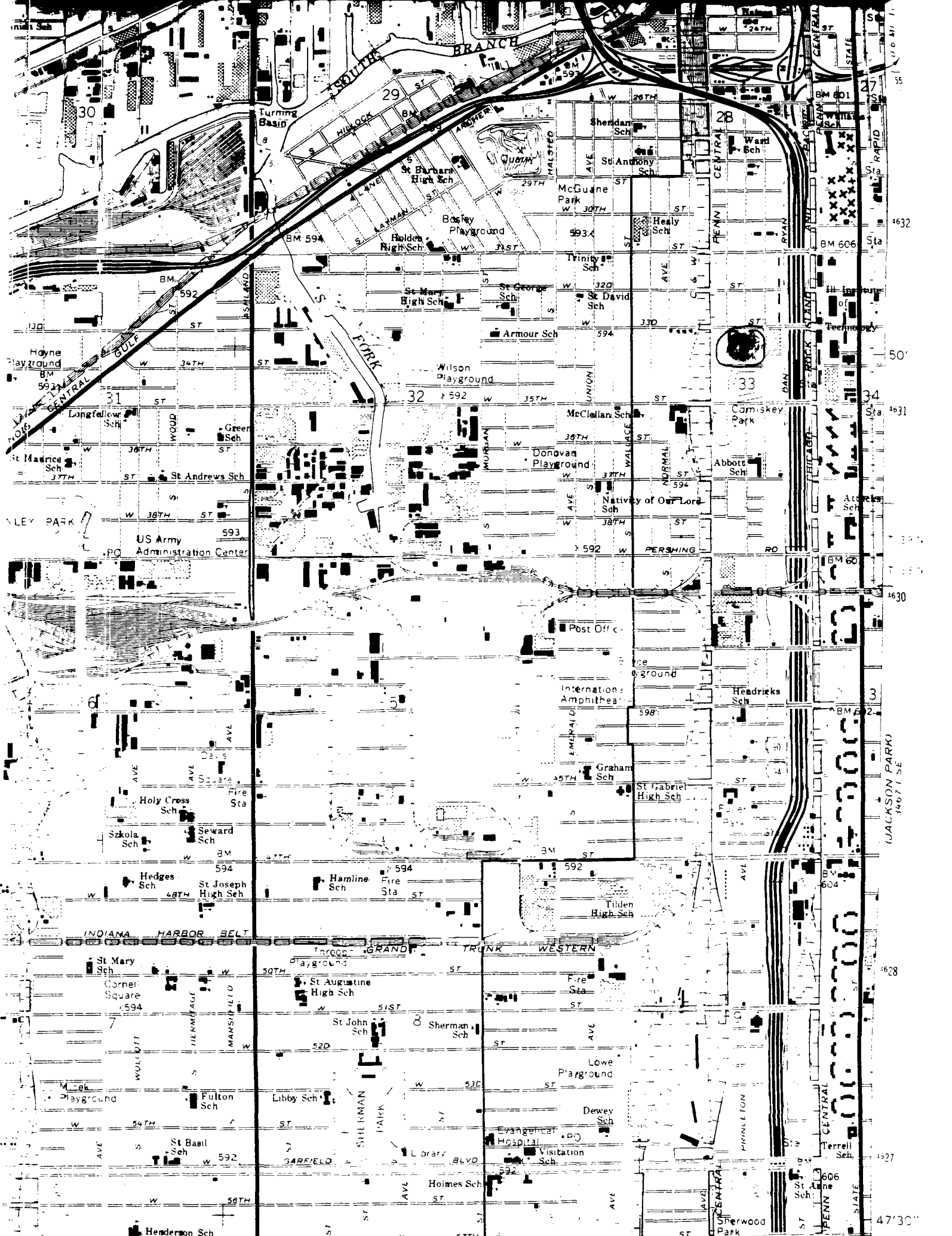
Armour Square is operated by the Chicago Park District and contains facilities as per the attached Park District inventory. This park was sampled during the summer of 1984 by a citizens group, the Coalition to Ban Leaded Gasoline. Sample analysis by the Chicago Board of Health showed elevated levels of lead in the surface soil.

There has been no known waste disposal in this park area which would explain this, and contamination by aerial sources must be suspected.

A high priority has been assigned due to the large potential user population exposed to elevated lead concentrations. The sampling techniques used by the Coalition to Ban Leaded Gasoline were questionable at best, and sampling by qualified technicians and subsequent analyses should take place at the first opportunity.

RL:tk/8

Attachment



SDMS US EPA Region V

Imagery Insert Form

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304015

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